



OFFICE OF CONSUMER AFFAIRS
One South Station • Boston, MA 02110

DIVISION OF INSURANCE - Julianne M. Bowler, Commissioner
• (617) 521 - 7794 • Fax (617) 521 - 7576

APPLICATION FOR INDIVIDUAL PUBLIC INSURANCE ADJUSTER LICENSE

INSTRUCTIONS -- In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
- Sign and date the application.
- Submit an original passing score report provided by Experior Assessments.
- Submit two (2) passport sized photographs taken within sixty (60) days of the date of application.
- A certified copy of criminal background check.
- A written contract describing adjusting services.
- Return this application with a check for \$200.00 made payable to the Division of Insurance

Note: Fees are non-refundable

Non-Residents:

- Licensure must be verifiable through the NAIC Producer Database (PDB) or a home state Letter of Certification must be dated within 90 days

If you have any questions or need assistance, please contact Licensing at (617) 521-7794.

The application form with your check should be mailed to:

Division of Insurance
Producer Licensing Section
One South Station
Boston, Massachusetts 02110 - 2208

Please Print or Type

To the Commissioner of Insurance:

Application is hereby made for the renewal of the Individual Public Insurance Adjuster License issued to:

1.	Name of Applicant:	_____	_____	_____	_____
		Last	First	Middle	Jr./Sr.
2.	Social Security #:	_____	_____	3.	Date of Birth: / /
4.	Home Address:	_____	_____	5.	Tel # ()
		Street	City	State	Zip
6.	Business Address:	_____	_____	7.	Tel # ()
		Street	City	State	Zip
8.	Residence (last 5 Years):	_____	_____	_____	_____
		Street	City	State	Zip
9.	Occupation (last 5 Years):	_____	_____	_____	_____
	From / / To / /	Duties or Title:	_____	_____	_____
	Employer's Name:	_____	_____	_____	_____
	Address:	_____	_____	_____	_____
		Street	City	State	Zip
	From / / To / /	Duties or Title:	_____	_____	_____
	Employer's Name:	_____	_____	_____	_____
	Address:	_____	_____	_____	_____
		Street	City	State	Zip

10. Do you engage in any business other than public insurance loss adjustment? ☐ Yes ☐ No
If YES, please describe (include amount of time spent): _____
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11. Do you use a written public insurance adjusters contract? ☐ Yes ☐ No
If YES, has the written contract been approved? ☐ Yes ☐ No
12. Has any insurance commissioner or department ever suspended, cancelled, or revoked any license issued to you as a producer or motor vehicle damage appraiser, or ever refused to issue or renew any such license, or have you ever surrendered any such license or has any insurance company cancelled any contract of employment or an appointment of, or a license to you as its agent for any reason, or has any other public official or court ever suspended, cancelled or revoked any license or authority of any kind issued to you to pursue any trade, calling, or profession or refused to issue or renew any such license or authority or discharged or removed you from any public office or position?
☐ Yes ☐ No (If YES, attach details)
13. Have you ever filed a petition or have you been petitioned into bankruptcy or insolvency, or have you ever made any assignment for the benefit of, or any composition with your creditors, or have you ever been under guardianship or other legal disability?
☐ Yes ☐ No (If YES, attach complete details)
14. Have you ever been convicted of, or arrested or prosecuted for, any crime or offense against the laws of this or any other state or country, or plead nolo contendere to any indictment or complaint for such crime or offense, or is there pending against you any indictment, complaint, or proceeding for a violation of such laws?
☐ Yes ☐ No (If YES, attach details)
15. Have you ever changed your name through a court of law?
☐ Yes ☐ No (If YES, attach details, i.e., court and date of change.)
16. I have read and I am familiar with the insurance laws of the Commonwealth of Massachusetts regarding insurance and the duties and obligations of Public Insurance Adjusters. I intend to act and hold myself out and carry on business in good faith. I hereby certify that I have complied with all the laws of the Commonwealth relating to taxes. I hereby verify the foregoing answers and statements and declare that they were made under the penalties of perjury. At any time, if any of the above information changes, I will notify your office.

Dated at _____ this _____ day of _____, _____ YEAR
_____, Applicant _____
full signature print name

Please Note: This application must be signed by the applicant personally.